



## City Of Farmington

### Massage Facility Business and License Registration

23600 Liberty St  
Farmington, MI 48335  
248-474-5500  
farmgov.com  
farmingtonclerk@farmgov.com

**If Applicant is a Corporation, Partnership (including limited partners), or other business entity:**

#### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Days and times this business will be open: \_\_\_\_\_

Describe the nature and type of services to be offered in this business:  
\_\_\_\_\_

Will there be any off-site locations? If so, list the proposed locations: \_\_\_\_\_

#### APPLICANT INFORMATION

Please list full names, and residential addresses of each Individual who owns at least 10% share in the Corporation, Partnership, or other business entity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list each Individual's business, occupation, or employment for the last 3 years including dates, addresses, and phones numbers for each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list each Individual's previous related experience, including whether applicant(s) has held a license as a massage therapist and locations and the status of the license:

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Was the license suspended or revoked? If so, explain why:

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For each Individual Listed:

Name: \_\_\_\_\_ Date of Birth (Must be at least 18 years old) \_\_\_\_\_

Physical: Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth (Must be at least 18 years old) \_\_\_\_\_

Physical: Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth (Must be at least 18 years old) \_\_\_\_\_

Physical: Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth (Must be at least 18 years old) \_\_\_\_\_

Physical: Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth (Must be at least 18 years old) \_\_\_\_\_

Physical: Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

For each Individual Listed:

Criminal History: Have you ever been arrested and convicted? Yes \_\_\_ No \_\_\_

If yes, specify name of Individual, reason, where, and when:

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**For each Individual, please list 3 character references including names, addresses, and phone numbers (References cannot be relatives of the Applicant):** \_\_\_\_\_

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**APPLICANT MUST ATTACH**

- State-Issued photo ID
- 2 X 2 inch passport sized photos
- Full name, address, and phone number of each individual who will manage or principally be in charge of the operation of the business.
- Complete list of names, residence addresses, citizenship and/or visa status verification of all massage therapists and employees to be utilized in the business.
- Copies of each massage therapist’s state occupational license and photo ID
- Proof of insurance coverage for the establishment and each massage therapist
- Copy of the signed lease for the business location
- Written consent of the owner to utilize the space for the described purpose if the space is not owned by the applicant.

**FOR OFFICE USE ONLY**

**The following information is requested for use in providing police/fire services:**

What are your hours of operation? \_\_\_\_\_

Do you have an alarm system? Yes\_\_\_ No\_\_\_ Type: Burglar\_\_\_ Fire\_\_\_ Hold Up\_\_\_

Name, address, and phone number of alarm company \_\_\_\_\_  
\_\_\_\_\_

Do you have after-hours lighting? Yes\_\_\_ No\_\_\_ Location:  
\_\_\_\_\_

Do you have an after-hours cleaning crew? Yes\_\_\_ No\_\_\_ If yes, name of cleaning crew \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Times/Hours in building \_\_\_\_\_

Location of safe \_\_\_\_\_

Name, address, and phone number of Key Holder and second Key holder to notify in an emergency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATIONS

By signing this Application, the Applicant authorizes the City, through its agents or employees, to enter in and upon and inspect the proposed business location, to seek information and conduct an investigation to verify the statements and information in and attached to this Application and agrees to provide additional information requested by the City for the reasonable pursuit of such investigation.

## APPLICANT AGREEMENT, ACKNOWLEDGEMENT, VERIFICATION, AND CERTIFICATION

This Massage Establishment License Application is under the City's Massage Facilities/ Establishment Licensing Ordinance, as adopted. The submission of this Application constitutes acknowledgment and agreement that the Applicant has a copy of that Ordinance and understands and shall comply with the requirements of the Ordinance. By signing this Application, the individual signing the Application represents that they are authorized to do so by, for, and on behalf of the Applicant and that they are at least eighteen (18) years of age. The Applicant certifies that upon reasonable notice, it will make available any person performing massage therapy upon the premises, for an interview with the City Public Safety, outside of the presence of the massage establishment owners, their employees or other persons associated with the Applicant. Further, Applicant acknowledges that it has signed the Application under oath and under penalty of perjury, that the information contained in the Application is true and correct and that it is unlawful to knowingly make any false, fraudulent or untruthful statement, or in any way knowingly conceal any material fact or give or use a fictitious name in applying for a license. If this certification is false, this Application will be denied and the Application Fee(s) shall be forfeited to the City.

Signature of Applicant \_\_\_\_\_ Title of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_ \$250 Registration and \$50 nonrefundable application fee per facility (\$300 in total)



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Does any indebtedness exist between the applicant or any agents or employees of the applicant and any proposed massage therapist? Yes\_\_\_ No\_\_\_

If yes, disclose the amount of debt and the method of repayment:\_\_\_\_\_

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Is the applicant or agents providing or assisting in providing either dwelling space or transportation for any existing or proposed massage therapist? Yes\_\_\_ No\_\_\_

If yes, disclose: Any fees or compensation of any kind being paid by any proposed massage therapist for the procurement of employment. Circumstances shall be fully explained, including terms of payment and all contract documents or other documents evidencing any relationship and financial obligation.

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After receipt of a license or renewal, the operator of a massage establishment shall update such information to the city clerk within ten (10) business days of employment of a new employee.

Signature of Applicant\_\_\_\_\_ Title of Applicant\_\_\_\_\_ Date\_\_\_\_\_

Signature of Witness\_\_\_\_\_ Date\_\_\_\_\_ \$250 Registration and \$50 nonrefundable application fee per facility (\$300 in total)